

# Personal History And Salesperson Application

Idaho Transportation Department

Vehicle Services

PO Box 34; Boise, ID 83731-0034



☛ **Enclose a \$15.00 application fee and a completed application for each salesperson<sup>1</sup>**

Check appropriate box(es):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Original Application      | <input type="checkbox"/> Full-time Salesperson | <input type="checkbox"/> Renewal                  | <input type="checkbox"/> Add Sponsoring Dealer        |
| <input type="checkbox"/> Owner/Officer (No charge) | <input type="checkbox"/> Part-time Salesperson | <input type="checkbox"/> Change Sponsoring Dealer | <input type="checkbox"/> Duplicate (Lost Card - \$10) |

**Idaho Code 49-1602(1):** The Department may refuse to issue a license to an applicant who has ever been convicted in a court of record in this state of a violation of a law, provision, or rule and regulation promulgated for this act.

- (a) Have you previously been licensed as a vehicle/vessel salesperson, dealer, dismantler, or transporter in Idaho or any other state? ☐ Yes ☐ No
- (b) Are you now licensed as a vehicle/vessel salesperson or dealer in Idaho or any other state? ☐ Yes ☐ No
- If yes to either (a) or (b), list  
previous card number \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
Previous Dealership Name \_\_\_\_\_ No. \_\_\_\_\_  
Previous Dealership Location \_\_\_\_\_
- (c) Have you ever had a Vehicle Dealer, Salesperson, or Manufacturer License revoked, suspended, or subjected to other disciplinary action or were you ever a partner, officer, director, or stockholder in a firm whose license was revoked in Idaho or any other state? ☐ Yes ☐ No
- If yes, please explain the circumstances on the back of this form.

Driver's License Number	Driver's License State	Social Security Number	Date of Birth		
Name as it Appears on Your Driver's License (Last, First, Middle) <b>Please Print or Type</b>					
Sex	Height	Weight	Eye Color	Hair Color	Daytime Phone Number
Residence Address (Number and Street - <b>No PO Box</b> )			City	State	Zip

THE UNDERSIGNED hereby makes application for a sales license in accordance with the provisions of the Idaho vehicle dealer's license and salesman's act.

I affirm under penalty of license forfeiture that the answers and information contained herein are true and correct to the best of my knowledge and belief. **This form must be completed in full or it will be returned.**

**Applicant's Signature** X

Dealership Name \_\_\_\_\_ **Primary Dealer Number** \_\_\_\_\_

Dealership Location \_\_\_\_\_ **Additional Dealer Number(s)** \_\_\_\_\_  
(part-time only)

☐ Inactive Owner/Officer/Director – No ID Needed

## Sponsoring Dealer Certification for Sales Personnel:

I hereby certify that a background check has found the applicant suitable for a salesperson ☐ Part-time\* ☐ Full-time\*\* position and that he/she is an employee over 18 years of age.

Printed Name of Authorized Dealership Representative	Signature of Authorized Dealership Representative <u>X</u>	Date
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<sup>1</sup> When time to process the picture ID, our office will direct the applicant to a County Driver's License Office. The County will require an additional \$10.00 fee for each applicant at the time their picture is taken. If the applicant is the owner, they will receive only one picture ID for their **primary** dealership regardless of ownership of multiple vehicle dealerships.

\*Part-time = Less than 30 hours per week

\*\*Full-time = 30 hours or more per week

Original – ITD

Copy – Applicant's 30-Day Temporary